



OCCUPATIONAL HEALTH PROGRAM EVALUATION GUIDE (OHPEG)

Published by the Navy Environmental Health Center
620 John Paul Jones Circle, Suite 1100
Portsmouth, Virginia 23708-2103

October 2001

TABLE OF CONTENTS

OCCUPATIONAL HEALTH PROGRAM EVALUATION GUIDE (OHPEG)

Page(s)

Introduction.....	1
-------------------	---

PROGRAMS

Asbestos Medical Surveillance Program.....	2
Asbestos Medical Surveillance Program Medical Review.....	3
AMSP Record Review.....	4
Bloodborne Pathogens.....	5-7
Ergonomics.....	8
Healthcare Worker (HCW) Competencies.....	9
Health Promotion.....	10
Hearing Conservation Program.....	11-12
Lead.....	13-14
Lead, Respirator Certification, and Hearing Conservation Record Review.....	15
Medical Evaluation and Case Management.....	16-17
Medical Records.....	18-19
Medical Surveillance Programs.....	20-21
Occupational Ionizing Radiation Medical Surveillance Program.....	22

TABLE OF CONTENTS

PROGRAMS (continued)

Occupational Reproductive Hazards.....	23
Organization and Staffing.....	24-25
Respirator User Certification Program.....	26
Spirometry.....	27
Surveillance Review and Strategic Planning.....	28
Surveillance Review and Strategic Planning (How to Address Emerging Issues).....	29
Tuberculosis Occupational Exposure.....	30-31

Appendix

Appendix A.....	A1-A2
-----------------	-------

Occupational Health Program Evaluation Guide

Introduction

PURPOSE: This document is designed for use by Occupational Health (OH) physicians and nurses to facilitate dialogue between knowledgeable consultants or inspectors and command personnel to assess the status of OH programs.

BACKGROUND: The Occupational Health Program Evaluation Guide (OHPEG) was developed in response to a need for consistency among professionals performing consultative oversight and inspections. OH consultants must provide standard, consistent direction based on current regulations, while inspectors need a reliable tool to measure program effectiveness.

INTENDED USE: The OHPEG is designed for use by OH **professionals responsible for program implementation**. The references used are current at the time of distribution. It is not designed **to be** all inclusive but rather to serve as a trigger to the qualified **professional when performing a more comprehensive program review**.

UPDATE: This revision was completed in October 2001 and will be reviewed **periodically** with new programs added as needed. Review will be done by individuals who are consulting or augmenting teams for OH. Contributions from interested OH professionals in the field are encouraged. Suggestions for revision and additions can be sent to:

Commanding Officer
ATTN: Occupational Health Program Evaluation Guide
(OHPEG) Review Committee
Navy Environmental Health Center
620 John Paul Jones Road,
Suite 1100
Portsmouth, Virginia
23708-2103

Consultants/Reviewers:

Sally Salang, RN, COHN-S
Loraine O'Berry, RN, COHN-S
Nancy Craft, RN, COHN-S
Anita Steckel, RN, COHN-S
Kathy Edwards, RN, COHN-S
Anita Sadler, RN, COHN-S
Karen Stoops, RN, COHN-S
CAPT R. J. Thomas, MC, USN

ASBESTOS MEDICAL SURVEILLANCE PROGRAM

References:

- (a) 29 CFR 1910.1001 series and 1926.1001 series
- (b) SECNAVINST 5212.10A "Mandatory Retention of Insulation/Asbestos Related Records"
- (c) Joint Commission CAMH, current edition
- (d) OPNAVINST 5100.23 series
- (e) Medical Surveillance Procedures Manual and Medical Matrix, (NEHC Technical Manual), current edition

Additional reference:

Occupational Medicine Field Operations Manual (FOM)

References:

Program Element:

- | | |
|----------------------------|---|
| (a) Appendix E | a. Are "B" Reader chest X-ray film examinations taken, processed and shipped using current NAVENVIRHLTHCEN protocols? |
| (d) 1710.f.(3) | |
| (d) 1710.f.(3)
FOM D-14 | b. Do MTFs have NAVENVIRHLTHCEN radiographic equipment and technique certification? |
| (b) Enclosure (1) B-7 | c. Are asbestos medical records, including "B Reader" x-rays, maintained or archived as required? |
| (d) 1710.h.(1) | |
| (c) IM.6.1 | |
| (d) 1710.f.(4) | d. Is appropriate counseling provided regarding results of medical evaluation? (R) |
| (a) 1709.g. | e. Asbestos Medical Surveillance Program (AMSP) medical record review:
See next page. |
| (e) | |

ASBESTOS MEDICAL SURVEILLANCE PROGRAM MEDICAL RECORD REVIEW

CURRENT
WORKERS

PAST
EXPOSED
WORKERS

- | | | |
|---|---|---|
| 1) DD 2493-1 OSHA. Initial Medical Questionnaire. | X | |
| 2) DD 2493-2 OSHA. Periodic Medical Questionnaire. | X | |
| 3) NAVMED 6260/5. Periodic Health Evaluation. | X | X |
| 4) SF 519. X-ray Report. | X | X |
| 5) NAVMED 6260/7. "B" Reader X-ray | X | X |
| 6) OPNAV 5100/15. Medical Surveillance
Questionnaire. | X | X |
| 7) Pulmonary Function Graph. | X | X |
| 8) NAVMED 6150/20. Summary of Care Entry. | X | X |
| 9) "Asbestos" label for Medical Record
and X-ray jacket. | X | X |
| 10) Physicians written opinion. | X | |

Years Since First Asbestos Exposure	Age of Employee 15- 34	Age of employee 35-45	Age of employee 45+
0 to 10	Every 5 years	Every 5 years	Every 5 years
10 +	Every 5 years	Every 2 years	Every year

NOTE: Chart refers to frequency of chest x-ray for "current" exposure and frequency of evaluation for "past" exposure workers. The frequency of evaluation for "current" workers is annual.

AMSP RECORD REVIEW

CMD :

DATE :

POC :

[illegible]

BLOODBORNE PATHOGENS

References:

- (a) 29 CFR 1910.1030 series
- (b) Revised BBP Standard, 29 CFR 1910 of Jan 18, 2001
- (c) 29 CFR 1910.20 of Jul 95
- (d) SECNAVINST 12792.4 of 1 Dec 89 "Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome in the Department of the Navy Civilian Workforce"
- (e) Joint Commission CAMH, current edition
- (f) OPNAVINST 5100.23 series
- (g) BUMEDINST 6600.10 series
- (h) BUMEDINST 6230.15, 1 Nov 95, "Immunizations and Chemoprophylaxis"

Additional references:

Medical Surveillance Procedures Manual and Medical Matrix, (NEHC Technical Manual), current editions

OSHA Directorate of Compliance Programs, Occupational Exposure To BBP Interpretive Quips, Jan 1994 edition

Navy Environmental Health Center (NAVENVIRHLTHCEN) ltr 6260 Ser 3212/2145 Of 11 Mar 92 "Bloodborne Pathogens" (BBPs).

BUMED 6280.1A 21 Jan 94 "Management of Infectious Waste"

CDC Update: Updated U.S. Public Health Service Guidelines For the Management of Occupational Exposures to HBV, HCV and HIV and Recommendations for Postexposure Prophylaxis, June 29, 2001

OASD Memo: Hepatitis B Immunization Policy for Department Of Defense Medical and Dental Personnel 23 Oct 96

The BBP is a multidisciplinary team program which was implemented to provide protection for employees potentially exposed to blood and other infectious materials.

References:

- (a)
- (g)
- (a)
- (d) (1) (I)
- (e) IC.1
- (f)

Program Element:

- a. Is there an infection control program which includes quality assurance, occupational health and safety programs?
- b. Is there a written exposure control plan?

BLOODBORNE PATHOGENS

References:

Program Element:

- (b) c. Does the ECP reflect how (A) the organization implement new developments relating to engineering controls (i.e., safer medical devices; needleless systems)
- (b) d. Is there documentation of (A) solicitation of employee input in the identification, evaluation, and selection of engineering work practice controls that reduce the risks of exposure incidents?
- (a) e. Is there a written procedure which includes:
 - (1) Locations and likelihood of exposure.
 - (2) Schedule and method of implementation for departments with differing exposures.
- (h) (3) Hepatitis B vaccination and post-exposure evaluation and follow-up program.
 - (4) Training, labeling, and general location and types of warning signs provided to communicate hazards.
 - (5) Stipulation of the need for signs with the biohazard symbol.
 - (6) Training and medical record keeping requirements.

BLOODBORNE PATHOGENS

References:

Program Element:

- (7) List of job classifications in which it is reasonable to anticipate occupational exposure to blood and other potentially-infectious materials (OPIM)?
- (8) Protocols for handling of infectious waste.
- (a) f. Is there a written procedure to ensure that workers involved in an exposure incident report for a medical evaluation that includes:
 - (1) The most current US Public Health Service guidelines.
 - (2) Explanation of the circumstances of the exposure incident.
 - (3) Exposed individuals counseled regarding confidentiality of results of source testing?
- (e) IC.4 e. Do employees who decline HBV sign a declination form?
- (a) (g) (2) (viii) f. Are training content and completeness documented and maintained for required period?
- (d) (4) (b) g. Is civilian consensual HIV testing performed ONLY for post-exposure occupational injury?
- (e) IC.4 h. Do existing contracts state who ensures compliance with BBP regulations for potentially exposed contract workers?
- (e) IC.6.2 i. Is documentation of
- (h) regulatory compliance for contractual HCWs on site?

ERGONOMICS

References:

- (a) OPNAVINST 5100.23 series
- (b) Joint Commission CAMH, current edition

Occupational Health's role in ergonomics is to perform medical monitoring and workplace assessments to support the command's injury prevention and cost containment programs.

References:

Program Element:

- | | |
|--|---|
| (a) 2307.a | a. Are health care providers (occupational medicine physicians, physician assistants, nurse practitioners, occupational health nurses and technicians) conducting work place visits to obtain knowledge of operations and work practices? |
| (a) 2308.g.(1) | b. Does the facility monitor CTD trends using appropriate logs or records? |
| (a) 2308.g.(2) | c. Does the facility verify low risk of light duty assignments? |
| (a) 2308.g.(3)
personnel
current | d. Does the facility provide health education for

with a past history or

symptoms of CTD? |
| (a) 2308.g.(4) | e. Does the facility assist line activities in the rehabilitation of CTD cases and the implementation of limited or light duty programs? |
| (a) 2308.g.(5) | f. Does the facility assist in the development of physical requirements for positions? |
| (a) 2303.a. | g. Does the facility conduct (A) annual analysis of injury and illness records to include identification of ergonomic risk factors? |
| (a) 2304.a. | h. Has workplace analysis been (A) conducted? |

HEALTHCARE WORKER (HCW) COMPETENCIES

References:

- (a) Joint Commission CAMH, current edition
- (b) OPNAV 6400.1B 0f 25 Jan 2000 "Certification, Training and Use of IDCs"
- (c) NAVMED P-117, current edition
- (d) OPNAVINST 5100.23 series

Independent Duty Corpsmen (IDCs) assigned to MTFs must be assigned primarily to clinical duties to maintain their skills and operational readiness.

References:

Program Element:

- | | |
|--------------|------------------------------------|
| (a) HR.3 | a. Are all IDCs providing |
| (a) HR.3.1 | direct or indirect care |
| (b) | supervised by a physician? |
| (c) 15-6 (1) | b. Are physical examinations |
| | performed by non-physician |
| | providers counter-signed by |
| | a physician? |
| (a) PE.4.1 | c. Are there written, current |
| (a) HR.2 | protocols for assessments |
| | performed by nurses, not |
| | requiring physician counter- |
| | signature? |
| (d) 0602.d. | d. Is there an IDP established (A) |
| | for staff personnel? |

Questions of Interest:

1. Are Occupational Health Nurses performing assessments?
2. Are there current, written protocols signed by a physician?
3. Do protocols state that physician counter-signature is not required on assessments?

HEALTH PROMOTION

References:

- (a) SECNAVINST 6100.5 series
- (b) Joint Commission CAMH, current edition
- (c) OPNAVINST 6100.2 series
- (d) OPNAVINST 5100.23 series
- (e) BUMEDINST 6110.13 series

This is a multidisciplinary program. This guide assesses the role of occupational health (OH) and availability for referrals from the OH department.

References:

- (e) 3.b.(2)
- (b) PF.4.2

- (e) 3.b.(2)
- (b) PF.4.1

- (b) PF.4

Program Element:

- a. Does OH have a role in the Command Health Promotion (HP) program?
- b. Are HP evaluations and classes available for OH referrals?
- c. Are OH staff knowledgeable (R) of appropriate resources for referrals to specific programs that meet special needs?

HEARING CONSERVATION PROGRAM

References:

- (a) OPNAVINST 5100.23 series
- (b) NEHC Technical Manual NEHC TM 6260.51.99-1 (May 1999)
- (c) Joint Commission CAMH, current edition

Additional references:

Chief, BUMED ltr ser 24/98U24022 18 Feb 98

DoDINST, DoD Hearing Conservation Program (HCP), April 22, 1996

MCO 6260.1D, April 1993, Marine Corps Hearing Conservation Program

A comprehensive hearing conservation program (HCP) is Designed to prevent hearing loss of workers. Periodic testing, referral and follow-up are important components of the program.

References:

Program Element:

- | | |
|-------------|---|
| (a) | a. Are audiograms being performed for: |
| (b) | Reference
Monitoring
Termination |
| (a)1809.b. | b. Is noise dosimetry recorded in the medical record? |
| (a)1806.d | c. Is there a written notification of a significant threshold shift(STS)to the employee within 21days? |
| (a) 1802.d. | d. Is there appropriate referral of individuals with STS?

(1) Is there an established referral mechanism in place for evaluation when there is no audiologist on site? |
| (a) 1806.d. | e. Is STS reported to the OSH (R) office for entry on OPNAV 5102/7 or equivalent? |

HEARING CONSERVATION PROGRAM

References:

Program Element:

- | | | |
|-------------|----|---|
| (b) | f. | Are individuals in the HCP fitted with hearing protection devices? |
| (b) | g. | Are technicians, audiometers and booth, certifications current? |
| (c) | | |
| (a) 1806.c. | h. | Is there a mechanism in place to identify individuals who exhibit a progressive series of permanent threshold shifts? |

LEAD

References:

- (a) 29 CFR 1910.1025 series and 1926.62 series
- (b) OPNAV 5100.23 series
- (c) Medical Surveillance Procedures Manual and Medical Matrix, (NEHC Technical Manual), current edition

Individuals shall be placed in the lead medical Surveillance program when industrial hygiene (IH) surveillance indicates that they perform work or are likely to be exposed to concentrations at or above the action level 30 days a year. Although impact is minimal, OSHA construction standards may apply in some instances, and the medical surveillance requirements differ from the general industry standard.

References:

Program Element:

- | | |
|------------------------|-------------------------------|
| (a) | a. Is physician's written |
| (b) 2109.b. (3) (c) 3 | opinion used? |
| (b) 2109.d. (2) | b. Are results of biological |
| | monitoring documented in the |
| | medical record? |
| (a) | (1) Blood lead/ZPP every 6 |
| | months? |
| (b) 2109.b. (2) | |
| (c) | |
| (b) 2109.b. (2) | c. Is appropriate follow-up |
| | documented for a blood lead |
| | concentration at or above 30 |
| | ug/100g? |
| (b) 2109.c. (1) | (1) Was employee notified |
| | in writing within 5 working |
| | days of receipt of results? |
| (b) 2109.b. (3) (c) 4. | (2) Was IH notified? |
| (b) 2109.b. (3) (a) 1. | d. Are employees removed from |
| (b) 2109.b. (3) (a) 2. | work involving lead if the |
| | blood lead exceeds 60 |
| | ug/100g or the average |
| | of the last three blood lead |
| | measurements is equal to or |
| | exceeds 50 ug/100g whole |
| | blood? |
| (b) 2109.c. (2) | e. Are personnel counseled |
| | regarding abnormalities and |

References:

(a)
done

Program Element:

medical record entry
recorded and countersigned
by the employee?

f. Are blood lead analyses
by a laboratory
participating in the Centers
for Disease Control and
Prevention proficiency
Testing program? (OSHA List
of Laboratories Approved for
Blood Lead Analysis)

CMD: _____ DATE: _____ POC: _____

15

MEDICAL EVALUATION AND CASE MANAGEMENT

References:

- (a) 5 CFR 339 Subpart C - Medical Evaluation
- (b) 20 CFR part 701 Longshoremen's and Harbor Workers' Compensation Act (Nonappropriated Fund Instrumentalities Act)
- (c) DoD 1400.25-M, Dec 96
- (d) Joint Commission CAMH, current edition
- (e) OPNAVINST 5100.23 series
- (f) OPNAVINST 12810.1 of 26 Jan 90 "Federal Employees Compensation Act Program"
- (g) NAVMEDCOMINST 6320.3B 14 May 89 Medical and Dental Care of Eligible Persons at Medical Treatment Facilities (MTFs)

Additional references:

Injury Compensation for Federal Employees, Pub. CA-810 Chief, Bureau of Medicine and Surgery, 12000 Ser 3b 421/041 of 21 June 1991 "Occupational Health Participation in FECA Cost Containment"

Chief, Bureau of Medicine and Surgery, 12800 52/0129 of 11 July 1990 "Commanding Officers' Guide to the Federal Employees Compensation Act Program"

References (a) through (g) establish policy and case Management protocols for the Federal Employees Compensation Act (FECA) as it relates to appropriated and nonappropriated funded personnel.

References:

Program Element:

- | | |
|---------------------|---|
| (a) 339.301(1)(c) | a. Does MTF provide examinations required by management? |
| (c) Pgs 10, 11 | |
| (d) CC.1 | |
| (d) TX.1 | |
| (e) 1411.a. | b. Do all occupationally injured/ill employees first report to the MTF with a supervisor-signed dispensary permit (OPNAV 5100/19)? |
| (a) 1411.c.(6) | c. Is MTF staff making their initial evaluations and follow-up care accessible and the preferred choice to federal employees for work-related injuries and illnesses? |
| (b) 10.a | |
| (d) CC.2.1 | |
| (g) Page A-8, Chp F | |
| (b) PF.1.8 | d. Is there a procedure in place to provide instructions on treatment and follow-up at the OH unit or MTF? |
| (e) 0807.a.(1) | |
| (g) Pg A-8, Chp F | |

MEDICAL EVALUATION AND CASE MANAGEMENT

References:

(c) Pgs 10-16
(e) 0807.a.(7)
(f) 5.e.(6)

(c) Pg 11
(e) 0807.a.(7)

(c) Pg 13
(f) 5.c.(5)

(f) 4.1.

Program Element:

e. Do OH nurses/physicians assist MTF and serviced commands with case management of lost time injuries to improve employees health and productivity?

f. Do OH nurses/physicians participate in injury compensation reduction efforts (committees) at the MTF and serviced commands?

g. Does the activity have a light duty program for injured workers?

h. Have supervisors been trained on injury compensation laws and policies?

NOTES:

Charge back cost of the command:

MEDICAL RECORDS

References:

- (a) 29 CFR 1910.20 series
- (b) 29 CFR 1910.20 of 5 July 95
- (c) SECNAVINST 5212.5C "Archiving Records to Federal Records Centers and The National Civilian Personnel Centers"
- (d) Joint Commission CAMH, current edition
- (e) OPNAVINST 5100.23 series
- (f) NAVMED P 117, Manual of the Medical Department
- (g) BUMEDNOTE 6150 of 1 Sep 2000

Medical records contain information concerning the health status of employees. The National Personnel Records Center (NPRC) offers training workshops which can be tailored for individual agencies. Topics include retiring of OPF/EMF to CPR, Files Improvement, Records Disposition and Managing Electronic Records. For information, contact NPRC at (314)425-5764.

References:

Program Element:

- | | |
|--------------|--------------------------------|
| (a) | a. Is the individual |
| (c) IM.2.3 | employee's medical record |
| (e) 0808 | made available only after |
| | execution of the |
| | proper documents? |
| (c) | b. Are medical records |
| (f) 16-23 | (including asbestos records) |
| | retired per current |
| | instructions using SF |
| | Form 66-D? |
| (d) IM.7.4 | c. Does the Preventive and (A) |
| (g) | Chronic Care Flowsheet |
| | (DD2766) list appropriate |
| | occupational health (OH) |
| | programs, including |
| | enrollment and termination |
| | data on applicable records? |
| (c) IM.7.2 | d. Are military medical (R) |
| (f) 16-13(4) | records reviewed for OH |
| | programs during check-in |
| | and annual verification? |

MEDICAL RECORDS

References:

- (b)
- (d) IM.7.2
- (f) 16-23(1) (m)

- (d) IM.7.2
- (f) 16-13 (14) (f)

- (d) IM.5.1
- (f) 16-11(3) (c)
 (6) (b)

- (d) IM.2.1
- (f) 16-9

- (f) 16-18(6)

Program Element:

- e. Do civilian employees report/detach through OH for record verification of required programs?

- f. Are appropriate OH program labels such as "Asbestos" or "Occupational Health" on the outside of the medical record?

- g. Is the management of OH medical records integrated under one medical records administrator for the command?

- h. Are medical records adequately safeguarded?

- j. Is cross index file used to track location of medical records?

MEDICAL SURVEILLANCE PROGRAMS

References:

- (a) 5 CFR Subpart C - Medical Examinations
- (b) 29 CFR 1910.20 "Access to Employee Exposure and Medical Records"
- (c) 29 CFR 1920.20 of 5 Jul 95
- (d) Joint Commission CAMH, current edition
- (e) OPNAVINST 5100.23 series
- (f) Medical Surveillance Procedures Manual and Medical Matrix, (NEHC Technical Manual), current edition

In accordance with reference (a), agencies may establish medical evaluations and tests related to occupational and environmental exposures or demands. Per reference (b), employees or their representatives have a right of access to relevant Exposures and medical records. Per reference (e), all facilities shall use reference (f) for medical surveillance and certification examinations. Medical surveillance examinations should be based primarily on industrial hygiene (IH) assessment, recorded on SF 600s and placed in the medical record per reference (e). Medical record review elements are included in the Medical Records section of this guide.

References:

Program Element:

- | | |
|--------------------|--|
| (a) 339.301 | a. Are stressor-specific and special examinations provided per written requirements? |
| (e) 0801.b.(1) | |
| (f) | (1) Preplacement. (Baseline) |
| | (2) Periodic |
| | (3) Termination |
| | (4) Acute exposures/situational |
| | (5) Transfer/reassignment |
| | (6) Reduction in force |
| (e) 0801.b. | b. Is IH exposure assessment used for placement on medical surveillance? |
| (a) (2) (a) (e) | (1) Do medical records contain IH consultations (e.g., personal monitoring data), records of exposure to physical (e.g., noise), biological, and chemical hazards? |
| (b) | |
| (e) 0804.a | |
| (e) 0807.a.(2) (b) | c. Is OPNAV 5100/15 current? |
| (e) 0807.(2) (a) | d. Are medical surveillance lists generated by the command safety office compared with IH surveys to ensure proper placement? |

MEDICAL SURVEILLANCE PROGRAMS

References:

- (c) 1101.(d)
- (d) GO.2.5

Program Element:

- e. Do claimancy 18 contracts contain all protections mandated by OSHA, CDC and DOD for contract employees?
 - 1. Is occupational health involved in writing/reviewing of service contracts?
 - f. Is physical assessment conducted appropriate to stressor-specific and special examinations performed?
 - g. Is there evidence that continuity of care is provided for follow-up based on employee's needs?
 - h. Is there an ongoing assessment of aggregate population data to identify trends? (A)
- (d) PE.1.3
 - (d) PE.1.4
 - (e) 0807 (2) (b) ; (4)
 - (d) PE.1.5
 - (e) 0807 a. (10)
 - (f) CC.6.1
 - (e) 0807 a. (2) (c)

Special Interest Item:

What system is in place to track medical surveillance programs?
What computer program(s) is used?
Were systems developed locally?

OCCUPATIONAL IONIZING RADIATION MEDICAL SURVEILLANCE PROGRAM

Reference:

(a) NAVMED P5055, current edition

Radiation workers receive preplacement, reexamination, situational, separation and termination physical examinations.

Non-Radiation workers such as visitors, messengers, Emergency response personnel, dentists, dental technicians, nurses, explosive disposal team members, and other employees whose exposure is truly sporadic are not required to have a physical exam (P/E0. Ref (a), Chapter 2, 2-2 (1).

Reference:

(a)

Program Element:

a. Have deficiencies from the most recent radiation health evaluation of medical records been corrected?

OCCUPATIONAL REPRODUCTIVE HAZARDS

References:

- (a) OPNAVINST 5100.23 series
- (b) Navy Environmental Health Center Technical Manual
NEHC-6260-TM-01 (13 June 2001) , Reproductive Hazards in
The Workplace: A Guide for Occupational Health
Professionals

The role of occupational health (OH) in evaluating occupational reproductive hazards is to provide a process for screening, medical surveillance and communication of risk to the employee and employer.

Additional reference:

OPNAVINST 6000.1A, Management of Pregnant Servicewomen, 21 Feb 89

References:

Program Element:

- | | |
|--------------------|--------------------------------------|
| (a) 2903.d.(2) | a. Are pregnant employees encouraged |
| (b) | to process through OH for evaluation |
| | and consultation of potential |
| | reproductive hazards? |
| (a) 2903.c.(1) | b. Are OH professionals receiving |
| | training relative to reproductive |
| | hazards? |
| (a) 2903.d.(1) | c. Is there a process in place for |
| (b) | concerned personnel to receive |
| | counseling about adverse |
| | reproductive effects of |
| | occupational exposures? |
| (a) 2903.d.(3) (a) | d. Is a questionnaire evaluating |
| (b) | employees' exposure to hazards of |
| | reproductive concern reviewed by OH? |
| (a) 2903.d.(5) | e. Does OH participate in the |
| | evaluation of infertility and |
| | adverse pregnancy outcomes? |
| (a) 2903.a.(4) | f. Do OH professionals periodically |
| | analyze any reproductive trends |
| | relative to stressors in the work |
| | environment? |

ORGANIZATION AND STAFFING

References:

- (a) OPNAV 5310.14D Pers 51 of 4 May 93 "Efficiency Review (ER) Process For Total Force Shore Manpower Requirements Determination Policy and Procedures"
- (b) OPNAVINST 5100.23 series
- (c) Joint Commission CAMAC, current edition

Additional references:

BUMEDINST 5430.7 of 27 Feb 96 "Organization Manual for Naval Medical and Dental Treatment Facilities (MTFs and DTFs)

Department of the Navy Office of Civilian Personnel Management 12511.OC/610 of 30 Sep 93, "Standard Position Descriptions"

Integral to the proper establishment of a comprehensive NAVOSH program is the premise that the occupational health (OH) function will be administered by Navy OH professionals. The first additional reference contains OH nurse position descriptions. This reference is included for the inspectors' use if OH nurse classification or nurse practice issues arise.

References:

Program Element:

- | | |
|------------------------|---|
| (a) | a. Has an ER been done? Is staffing based on the ER summary and recommendations? |
| (b) Chapter 3 | b. Does OH staffing meet guidelines?

(1) If not, what impact does this have on program effectiveness?

(2) What is being done to address any problems? |
| (c) LD.1.5
(b) 1303 | c. Does the department head develop and maintain budgeting documentation, prepare and submit budgets, track expenditures, and ensure cost reports are prepared and submitted as required? |
| (c) LD.1.5
(b) | d. Are funds adequate to meet program needs?

(1) If not, what impact does this have on program effectiveness?

(2) What is being done to address any problems? |

ORGANIZATION AND STAFFING

References:

- (a)
- (c) LD.1.3.2

services?

- (b) 0807.a.(1)
- (c) LD.1.3

- (b) 0807.a.(10)
- (c) CC.5
- (c) LD.1.3.4.1

Program Element:

- e. Are non-mandated services being provided at the expense of required
- f. Do employees have access to appropriate type of care?
- g. Is there evidence of coordination of services to facilitate care, consultation, referral of other follow-up?

RESPIRATOR USER CERTIFICATION PROGRAM

References:

- (a) 29 CFR 1910.34 series, as amended
- (b) OPNAV 5100.23 series
- (c) Medical Surveillance Procedures Manual and Medical Matrix, (NEHC Technical Manual), current edition

Additional references:

NIOSH Decision Logic NIOSH Publication 87-108, May 1987
29 CFR 1910.139 Respiratory Protection against M. Tuberculosis

Medical evaluations are required to ensure that employees who are assigned to wear respirators are physically able to perform work assignments without danger to themselves or others.

References:

Program Element:

- | | |
|-------------------------|---|
| (a) (3) (b) (10) | a. Is a questionnaire for potential respirator user completed? |
| (b) 1508 | |
| (b) 1513.b(1) | |
| (c) | b. Is the recall frequency appropriate? |
| | Age 15 to 34: every 5 years. |
| | Age 35 to 44: every 2 years. |
| | Age 45 and over: annually. |
| (b) 1513.b. (1) (a) (b) | c. Is a medical statement made noting whether the individual is qualified for respirator use, qualified with specified restrictions or not qualified? |
| (b) 1507.f. | d. Are Medical personnel being (A) evaluated and fit tested for protection against TB? |

SPIROMETRY

References:

- (a) OPNAVINST 5100.23 series
- (b) Joint Commission CAMH, current edition
- (c) American Thoracic Society Standards for Spirometry, current edition

Additional Reference:

Occupational Medicine Field Operations Manual NEHC 6260
TM96-2, April 1996

The quality of spirometry depends upon the individual performing the tests. Responsibilities of individuals' performing spirometry include obtaining valid spirometry, calibration and maintenance of equipment and appropriate referral and follow-up of abnormal results.

References:

Program Element:

- | | |
|-----------------|---|
| (a) 1710 f.(2) | a. Have individuals performing spirometry successfully completed a NIOSH-approved course? |
| (b) HR .4.2 | |
| (a) 0807.a.(1) | b. Is appropriate referral made for abnormal findings? |
| (b) CC.6 | |
| (b) 0807.a.(10) | (1) Is counseling documented? |
| (b) HR.3 | c. Is there a spirometry quality assurance program which includes periodic review of quality of spirogram, time and volume calibration? |
| (c) | |
| (b) EC.1.8 | d. Does equipment meet specifications? |
| (c) | |
| (b) EC.2.13 | e. Is preventive maintenance performed on equipment? |

Consultative Recommendation: Recommend refresher spirometry training for individuals performing spirometry who have not attended a NIOSH-approved spirometry course for three years.

While there is no requirement by NIOSH to attend a refresher course at any time, there is benefit to the program to have personnel performing this test to be knowledgeable. Course content is based on American Thoracic Society standards which change every few years.

SURVEILLANCE REVIEW AND STRATEGIC PLANNING
POPULATION MEDICINE

References:

- (a) OPNAVINST 5100.23 series
- (b) Joint Commission CAMH, current edition

One of the greatest challenges to occupational health (OH) clinical providers is to develop meaningful public health interventions based on their clinical and laboratory observations. This requires interaction with many other disciplines including industrial hygienists, safety professionals, radiation health officers, and preventive medicine technicians. Only with a multidisciplinary approach can the clinical workload of the OH clinic result in improvements to the health and safety of the workforce as a population.

References:

Program Element:

- | | |
|---|--|
| (a) CC.5
(b) 0807.a.(13) | a. Are OH staff educating and/or assisting other medical staff regarding the identification, evaluation and follow-up of occupational injuries/illnesses? |
| (a) 0807.a.(6) | b. Is there a mechanism to identify clusters or multiple employees with similar symptoms? |
| (a) 0807.a.(2) (c)
(b) IM.7 | c. Are there mechanisms of analysis of findings, e.g., graphing, tabulating, discussion at command level meetings? |
| (a) 0801.a.b.
* (b) TX.1.2; CC.5
of | d. Is there a mechanism for multidisciplinary development resolution of identified problems? (bi-directional interdisciplinary communication re:injury/illness,epidemiology, analysis and prevention)? |
| (a) 0803 | e. What feedback is given relating to the results of trending? |

SURVEILLANCE REVIEW AND STRATEGIC PLANNING
(HOW TO ADDRESS EMERGING ISSUES - LATEX ALLERGIES) (R)

Reference:

- (a) BUMED Instruction 6200.16 Prevention of Latex Sensitization Among Health Care Workers and Patients Oct 1999

Occupational asthma is 1 of 13 non-regulatory priorities targeted by OSHA for action plan development. Latex allergy is targeted as a potential exposure for 1.4 million health care workers (HCWs). Per OPNAVINST 5100.23, OH professionals are to diagnose and treat acute and chronic injuries/illnesses and detect early indicators of excessive exposures caused by the work environment.

"Latex Allergy and Anaphylaxis-What To Do" published in the (R) Journal of Intravenous Nursing Vol. 18, No.1, Jan/Feb 1995 is one of numerous publications addressing Latex allergies.

References:

Program Element:

- | | |
|-----|--|
| (a) | a. Are HCWs with potential latex allergies reporting to OH, military sick call, allergy or the dermatology clinic for these sensitivities? |
| | b. Are HCWs reporting latex allergies to safety? |
| | c. Is latex allergy training provided for HCWs? |
| | d. Is there a mechanism to investigate suspected cases of latex allergy (or occupational asthma, etc.)? |

TUBERCULOSIS OCCUPATIONAL EXPOSURE

References:

- (a) 29 CFR 1910.20 of 5 Jul 95
- (b) CPL 2.106 Enforcement Procedures and Scheduling
Occupational Exposure to Tuberculosis 9 Feb 96
- (c) OSHA Issues New Enforcement Guidance to Protect Workers
against Hazards of Tuberculosis 12 Feb 96
- (d) Centers for Disease Control and Prevention Morbidity and
Mortality Weekly Report "Guidelines for Preventing the
Transmission of Mycobacterium Tuberculosis in Healthcare
Facilities, 28 Oct 94, Volume 43.
- (e) Joint Commission CAMH, current edition
- (f) OPNAV 5100.23 series
- (g) BUMEDINST 6224.8 of 8 Feb 93 "Tuberculosis (TB) Control
Program"
- (h) BUMEDINST 6230.15 "Immunizations and Chemoprophylaxis" 1
Nov 95
- (i) BUMEDINST 6600.10A series

The TB control program is designed to protect all employees
At medical and dental treatment facilities (MTFs and DTFs) who
have the potential for exposure to tuberculosis.

References:

Program Element:

- | | |
|--------------------|-------------------------------------|
| (a) | a. Do MTFs have a policy, infection |
| (b) | control manual or exposure |
| (c) | control plan which includes: |
| (d) | |
| (e) IC.1 | |
| (g) | |
| (i) | |
| (b) | (1) The risk assessment plan. |
| (c) | (2) Identification of negative |
| (d) | pressure rooms, if |
| (g) Appendix A & B | required. |
| (b) | (3) Mechanism for early |
| (d) | recognition, diagnosis and |
| (g) | management of suspected TB |
| | patients? |
| (b) | (4) Respiratory Protection |
| (c) | Program? |
| (d) | |
| (c) | b. Is there a PPD screening program |
| (d) | in place for all MTF/DTF |
| (e) IC.4 | employees with documentation in |
| (g) | the medical record? |
| (h) | |

(i)

TUBERCULOSIS OCCUPATIONAL EXPOSURE

References:

- (b) Enclosure (d)
- (c)
- (d)
- (g)
- (c)
- (d)
- (f)
- (a)
- (e) GO.2.1
- (e) LD.1.8
- (e) IC.4
- (f) 1101
- (h) Sect C para 22.3

Program Element:

- c. Is the "Two Step" PPD procedure testing used when required?
 - d. Is there a mechanism in place for follow-up of converters?
 - e. Is training provided, documented and maintained at the facility?
 - f. Do existing contracts state who ensures compliance with TB regulations for contract workers exposed to TB?
 - (1) Do contract personnel "check in" through OH to ensure compliance with OSHA regulations for all health care workers HCWs)?
 - (2) Is documentation of regulatory compliance for HCWs on site?
 - g. Are HCWs aware of the need to prevent TB transmission in immunocompromised personnel? Do individual and group training address this increased risk?
 - h. Are HCWs ensuring notification of local/state public health authorities per local/state policies?
- (c)
 - (e) IC.3

APPENDIX A

REFERENCES

5 CFR Subpart C - Medical Examinations

29 CFR 1910

U.S. Department of Labor OSHA ltr of 8 Oct 93 "Enforcement Policy and Procedures for Occupational Exposure to Tuberculosis"

Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report "Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Healthcare Facilities, 28 Oct 94, Volume 43

American Thoracic Society Standards for Spirometry, current Editions

Joint Commission Comprehensive Accreditation Manual for Ambulatory Care, current edition

SECNAVINST 5212.10A "Mandatory Retention of Insulation/Asbestos Related Records"

SECNAVINST 5212.5C "Archiving Records to Federal Records Centers and the National Civilian Personnel Centers"

SECNAVINST 6100.5 series

OPNAVINST 5100.23 series

OPNAV 5310.14D pers 51 of 4 May 93 "Efficiency Review (ER) Process for Total Force Shore Manpower Requirements Determination Policy and Procedures"

OPNAVINST 6100.2 series

OPNAV 6400.1A of 11 Feb 93 "Certification, Training and Use Of IDCs"

NAVMEDCOMINST 6320.3B 14 May 89 "Medical and Dental Care of Eligible Persons at Medical Treatment Facilities (MTF)

NAVMED P117, Manual of the Medical Department

NAVMED P3006 Financial Management Handbook

NAVMED P5055 series

BUMEDINST 6110.13 series

BUMEDINST 6224.8 of Feb 93 "Tuberculosis (TB) Control Program"

APPENDIX A

Chief, Bureau of Medicine and Surgery, 12000 Ser sb 421/041 of 21 June 1991 "Occupational Health Participation in FECA Cost Containment"

Medical Surveillance Procedures Manual and Medical Matrix, current editions

ADDITIONAL REFERENCES

Joint Commission Comprehensive Accreditation Manual for Hospitals, current edition

20 CFR, U.S. Department of Labor, Office of Workers Compensation, April 1988

Injury Compensation for Federal Employees, Pub. CA 810

NIOSH Decision Logic NIOSH Publication 87-108 May 1987

OSHA Directorate of Compliance Programs, Occupational Exposure to BBP Interpretive Quips, January 1994 edition

CPL 2.106 Enforcement Procedures and Scheduling Occupational Exposure to Tuberculosis 9 Feb 96

Assistant Secretary of Defense memo, 25 May 1995, Tricare Health Services Plan

Department of the Navy Office of Civilian Personnel Management 12511.0C/610 of 30 Sep 93, "Standard Position Descriptions"

Department of the Navy 5110 ltr 5100 Ser 454C/3U594462 of Sep 93, "Guidance on Occupational Safety and Health Programs Under Downsizing and Base Closure"

MCO 6260.1D, April 1993, Marine Corps Hearing Conservation Program

OPNAVINST 6000.1A, Management of Pregnant Servicewomen, 21 Feb 89

OPNAVINST 12810.1 of 26 Jan 90 "Federal Employees Compensation Act Program"

BUMED 6280.1A 21 Jan 94 "Management of Infectious Waste"

BUMED ltr Ser 24B/5U240237 of 20 Dec 95

Navy Environmental Health Center (NAVENVIRHLTHCEN) ltr 6260 Ser 3212/2145 of 11 Mar 92 "Bloodborne Pathogens" (BBPs)